



# Medical benefit specialty medication update bulletin – April 2026

Specialty medication program updates for UnitedHealthcare Commercial, Community Plan, Medicare Advantage and Individual & Family Plans

Specialty medical injectable medications added to Review at Launch					
Medication Name	HCPCs Code(s)	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family
<b>Loargys<sup>®</sup></b> (pegzilarginase-nbln)	J3490/J3590/C9399	X	X		X



Note: Medications added to Review at Launch may not yet be available in the marketplace.

To view the **UnitedHealthcare Commercial Plan** Review at Launch Medication List, visit [UHCprovider.com](https://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Commercial Plans > Medical & Drug Policies for UnitedHealthcare Commercial Plans > *Review at Launch for New to Market Medications – Commercial Medical Benefit Drug Policy* > [Review at Launch Medication List](#).

To view the **UnitedHealthcare Community Plan** Review at Launch Medication List, visit [UHCprovider.com](https://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Community Plans > Medical & Drug Policies for Community Plan > *Review at Launch for New to Market Medications – Community Plan Medical Benefit Drug Policy* > [Review at Launch Medication List](#).

For **UnitedHealthcare Medicare Advantage**, Review at Launch medications are added as Review at Launch Part B Medications in the *Medications/Drugs (Outpatient/Part B) Medical Policy*. To view the policy, visit [UHCprovider.com](https://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Medicare Advantage Plans > Medical Policies for Medicare Advantage Plans > *Medications/Drugs (Outpatient/Part B) Medical Policy* > Supporting Information > [Other Examples of Specific Drugs/Medications](#).



To view the **UnitedHealthcare Individual & Family Plan** Review at Launch Medication List, visit [UHCprovider.com](https://UHCprovider.com) > Coverage and Payments > Policies and protocols > For Individual Exchange Plans > Medical & Drug Policies for UnitedHealthcare Individual Exchange Plans > *Review at Launch for New to Market Medications – Individual Exchange Medical Benefit Drug Policy* > **Review at Launch Medication List.**

Updates to medication program requirements and drug policies							
Medication Name	HCPCs Code(s)	Effective Date	UHC Commercial	UHC Community Plan	UHC Medicare Advantage	UHC Individual & Family	Summary of Changes
<b>Avtozma<sup>®</sup></b> (tocilizumab-anoh) <i>Biosimilar to Actemra<sup>®</sup></i>	Q5156	7/1/26	X			X	<ul style="list-style-type: none"> <li>Add Prior Authorization/Notification</li> <li>Add as preferred product; members must step through Avtozma and Actemra prior to coverage for Tyenne<sup>®</sup></li> </ul>
<b>Beizray</b> (docetaxel)	J9174	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for all oncology indications</li> </ul>
<b>Bildyos<sup>®</sup></b> (denosumab-nxxp) <i>Biosimilar to Prolia<sup>®</sup></i>	Q5162	7/1/26			X		<ul style="list-style-type: none"> <li>Add Prior Authorization/Notification</li> </ul>
<b>Enoby<sup>™</sup></b> (denosumab-qbde) <i>Biosimilar to Prolia</i>	J3490/J3590/ C9399	7/1/26			X		<ul style="list-style-type: none"> <li>Add Prior Authorization/Notification</li> </ul>
<b>Itvisma<sup>®</sup></b> (onasemnogene abeparvovec-brve)	J3490/J3590/ C9309	7/1/26	X	X	X	X	<ul style="list-style-type: none"> <li>Add Prior Authorization/Notification</li> </ul>
<b>Jobevne<sup>®</sup></b> (bevacizumab-nwgd)	Q5160	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for all oncology indications</li> </ul>
<b>Keytruda<sup>®</sup></b> (pembrolizumab)	J9271	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for squamous cell skin cancer</li> </ul>
<b>Keytruda Qlex<sup>®</sup></b> (pembrolizumab and berahyaluronidase alfa-pmph)	J9277	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for head and neck cancers: cancer of the nasopharynx, recurrent, unresectable, oligometastatic, or metastatic disease, nasopharyngeal</li> <li>Add as non-preferred product for squamous cell skin cancer</li> </ul>



							<ul style="list-style-type: none"> <li>Add as preferred product for non-small cell lung cancer: advanced or metastatic, monotherapy, PD-L1 expression positive <math>\geq</math> 50%</li> </ul>
<b>Kyxata™</b> (carboplatin)	J9278	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for all oncology indications</li> </ul>
<b>Opdivo®</b> (nivolumab)	J9299	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for squamous cell skin cancer</li> </ul>
<b>Opdivo Qvantiq®</b> (nivolumab and hyaluronidase-nvhy)	J9289	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for squamous cell skin cancer</li> </ul>
<b>Ospomyv™</b> (denosumab-dssb) <i>Biosimilar to Prolia</i>	Q5159	7/1/26				X	<ul style="list-style-type: none"> <li>Add Prior Authorization/Notification</li> </ul>
<b>Unloxyt®</b> (cosibelimab-ipdl)	J9275	4/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add as non-preferred product for squamous cell skin cancer</li> </ul>
<b>Waskyra™</b> (etuvetidigene autotemcel)	J3490/J3590/ C9399	7/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add Prior Authorization/Notification</li> <li>Managed by Optum Transplant</li> </ul>
<b>Yartemlea®</b> (narsoplimab-wuug)	J3490/J3590/ C9399	7/1/26	X	X		X	<ul style="list-style-type: none"> <li>Add Prior Authorization/Notification</li> <li>Managed by Optum Transplant</li> </ul>

UnitedHealthcare will honor all approved prior authorizations/notifications on file until the earlier of the end date on the authorization/notification or the date the member's eligibility changes. Upon prior authorization/notification renewal, the updated policy will apply.

Note: Certain specialty medical injectable drug programs and updates will not be implemented at this time for providers practicing in Rhode Island, with respect to certain commercial members, pursuant to the Rhode Island regulation: 230-RICR-20-30-14. UnitedHealthcare encourages providers practicing in Rhode Island to call in to confirm if prior authorization/notification is required. This exception does not apply to Medicaid and Medicare.

### Specialty medical injectable medications added to Medication Sourcing for All Outpatient Providers – UnitedHealthcare Commercial – Effective July 1, 2026

Medication Name	HCPCS Code(s)	Specialty Pharmacy
<b>Itvisma</b>	J3490/J3590/C9309	TBD



(onasemnogene abeparvovec-brve)		
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### Specialty medical injectable medications added to Medication Sourcing for Outpatient Hospital Providers Only – UnitedHealthcare Commercial

Medication Name	HCPCs Code(s)	Effective Date	Specialty Pharmacy
<b>Starjemza™</b> (ustekinumab-hmny) <i>Biosimilar to Stelara®</i>	J3490/J3590/C9399	5/1/2026	Amber Specialty Pharmacy
<b>Avtozma</b> (tocilizumab-anoh) <i>Biosimilar to Actemra</i>	Q5156	7/1/2026	TBD



Outpatient hospitals are required to obtain the medications listed in the [Medication Sourcing Protocol - Requirements to use a participating specialty pharmacy for certain medications document](#) from the indicated specialty pharmacies for distribution of these medications, unless otherwise authorized by us. When the specialty medication is obtained through the specialty pharmacy, the specialty pharmacy will bill us directly for these medications under the member's medical benefit. The facility administering the specialty medication is not to bill us for the medication obtained through the specialty pharmacy but may bill us for the administration of the medication to the member.

### New and Updated Procedure Codes for Injectable Medications – Effective April 1, 2026

Centers for Medicare & Medicaid Services (CMS) has issued new procedure codes for certain injectable medications effective April 1, 2026. Correct coding rules dictate that assigned and permanent codes should be used when available. The injectable medications listed below will have new codes and may require prior authorization. These changes occur upon renewal - providers do not need to submit new prior authorization requests until the authorization has expired.

Note: Drugs with newly assigned CMS codes may not yet be available in the marketplace.

- **Bosaya®** (denosumab-kyqq) – Q5161
- **Bildyos®** (denosumab-nxxp) – Q5162
- **Itvisma®** (onasemnogene abeparvovec-brve) – C9309
- **Papzimeos™** (zopapogene imadenovec-drba) – J3404
- **Yimmugo** (immune globulin intravenous, human - dira) – J1553



## Update to the “Requirements for Complete Claims and Encounter Data Submission” Protocol for Inpatient Stays with High-Cost Drug Administration

Effective July 1, 2026, UnitedHealthcare is updating the “[Unique billing scenarios and requirements](#)” (page 138) in the existing “[Requirements for Complete Claims and Encounter Data Submission](#)” Protocol (page 137) by requiring the Healthcare Common Procedure Coding System (HCPCS) and the National Drug Code (NDC) codes on all UnitedHealthcare commercial plan claims with an inpatient place of service when one of the following specialty drugs is administered inpatient:

Medication Name	Description	HCPCS Code
<b>Elevidys®</b>	Injection, delandistrogene moxeparovec-rokl, per therapeutic dose	J1413
<b>Gamifant®</b>	Injection, emapalumab-lzsg, 1 mg	J9210
<b>Hemgenix®</b>	Injection, etranacogene dezaparovec-drlb, per therapeutic dose	J1411
<b>Luxturna®</b>	Injection, voretigene neparovec-rzyl, 1 billion vector genomes	J3398
<b>Spinraza®</b>	Injection, nusinersen, 0.1 mg	J2326
<b>Vyjuvek®</b>	Injection, beremagene geperpavec-svdt for topical administration, containing nominal $5 \times 10^9$ PFU/ml vector genomes, per 0.1 mg	J3401
<b>Zolgensma®</b>	Injection, onasemnogene abeparovec-xioi, per treatment, up to $5 \times 10^{15}$ vector genomes	J3399

### What you need to know

Inclusion of both the HCPCS and NDC codes on the claim is necessary for UnitedHealthcare to identify the drug administered and determine whether the claim is eligible for payment, including confirming compliance with prior authorization or advance notification requirements and the outcome of any related medical necessity review.

As part of this update, claims that are missing the required HCPCS and NDC information may be denied or may be pended while UnitedHealthcare requests additional documentation, such as an itemized bill, to determine payment eligibility.

### How to submit the requested information - On the HCFA 1500 Claim Form

HCPCS: HCPCS/CPT codes is Box 24D – “Procedures, Services, or Supplies.”

NDC: Enter the NDC in the shaded area of the service lines in field 24.

- Submit the NDC code in the red-shaded portion of the detail line item in positions 01 through position 13.
- The NDC is to be preceded with the qualifier N4 and followed immediately by the 11-digit NDC code (e.g., N49999999999).
- Report the NDC quantity in positions 17 through 24 of the same, red-shaded portion.
- The quantity is to be preceded by the appropriate qualifier:
  - Units (UN)
  - International units (F2)
  - Gram (GM) or milliliter (ML)
- There are six bytes available for quantity
- If the quantity is less than six bytes, left justify and space-fill the remaining positions (e.g., UN2 or F2999999)

### How to submit the requested information - On the UB-04 Claim Form



- Field 42: Revenue code
- Field 43: NDC 11-digit number, unit of measure, qualifier, and unit of quantity
- Field 44: HCPCS code

#### **How to submit the requested information - On the 837 Electronic Claim Form**

HCPCS: The HCPCS/CPT code is reported at the service-line level in Loop 2400, Segment SV1.

More specifically:

- SV101-1 = *Product/Service ID Qualifier* — this is set to “HC”, which indicates a HCPCS/CPT code. [[eclaims.com](https://eclaims.com)]
- SV101-2 = *Procedure Code* — this is where the actual CPT or HCPCS code is placed. [[eclaims.com](https://eclaims.com)]

The field commonly referred to as “HCPCS/CPT” on the 837 is located in Loop 2400 → SV1 segment → SV101-1 (qualifier) and SV101-2 (procedure code).

NDC:

- Loop is 2410
- NDC qualifier N4 and NDC code are sent in the LIN segment.
- Quantity and unit of measure are sent in the CTP segment.
- Prescription number or link sequence number (to report components for compound drug)

#### **Plans this applies to**

This change will apply to UnitedHealthcare commercial plans and affiliate plans, including UnitedHealthcare of the Mid-Atlantic, UnitedHealthcare Oxford, Neighborhood Health Partnership, UnitedHealthcare of the River Valley, UnitedHealthcare Freedom Insurance Company and Surest.

#### **Resources**

More information about this protocol update can be found, starting July 1, 2026, at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols for Providers > Additional Resources > Protocols.

#### **Questions? We're here to help.**

Connect with us through chat 24/7 in the [UnitedHealthcare Provider Portal](#).

